

2008 ELECTION CYCLE
CPR - SS 08-01(b)

**CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS**



Name of Candidate Blaine H. "Bo" Eaton, II
Address 503 Gambrell Street County Smith
Telephone (Work) 601-359-3550 (Home) 601-785-4662 (Fax) 601-785-4662
Contact Name _____ Email Address _____
Office Sought MS House Dist 79 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

____ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
____ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
X January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	1250.00 ⁺ 0	\$ 1250.00	\$ 1250.00
Total amount of disbursements \$	600.00 ⁺ 166785	\$ 2267.85	\$ 2267.85
Total amount of cash on hand	\$ 980.26		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Blaine H. "Bo" Eaton, IIReporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>		<u>9 / 5 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridgewood Rd, Ste C</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39216-4920</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>MS Dental Association</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>dentistry</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAL-PAC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>250.00</u>
Mailing Address <u>959 Lake Harbour Drive #1112</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Wal-Mart Stores, Inc.</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retail sales</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Assoc for Home Care</u>		<u>11 / 19 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 1468</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>MS Assoc for Home Care</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>home health</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

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Name of Candidate or Committee Blaine H. "Bo" Eaton, IIReporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name National Wild Turkey Federation		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5 / 2 / 08</u>	\$ 300.00
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>donation</u>		Aggregate Year-to-date	\$ 300.00
B. Full name Smith County Livestock Association		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1 / / 08</u>	\$ 300.00
City, State, Zip Code Raleigh, MS 39153		<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>donation</u>		Aggregate Year-to-date	\$ 300.00
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

**Eaton and Martin, P.A.**

ATTORNEYS AT LAW

532 FRONT STREET
POST OFFICE BOX 98
TAYLORSVILLE, MS 39168GERALD M. MARTIN*
*Also licensed in Ala.
E. HOWARD EATON
(1937-2003)TELEPHONE (601)785-4517
FACSIMILE: (601)785-6539
EMAIL: eatmar@teclink.netFACSIMILE MESSAGEFAX NO. 601-359-1499 DATE 1-30-09 TIME: 4:30 pm

PLEASE HAND DELIVER THE FOLLOWING MESSAGE TO:

NAME: Delbert Hosemann, Secretary of StateFROM: Blaine "Bo" Eaton IITOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 4

WE ARE SENDING FROM: (601)785-6539

PLEASE CALL US IMMEDIATELY IF THE MESSAGE YOU RECEIVED IS
INCOMPLETE AND ILLEGIBLE. OUR PHONE NUMBER IS: (601)785-4511.OTHER REMARKS: See Annual Report - Jan 1 - Dec 31, 2008

UNLESS OTHERWISE INDICATED OR OBVIOUS FROM THE NATURE OF THE TRANSMITTAL, THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR ARE NOT SURE WHETHER IT IS PRIVILEGED, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE AT OUR EXPENSE. THANK YOU.

MATTER NO. _____

NAME OF CASE: _____